Medical Care Advisory Committee (MCAC)
Monday, April 13, 2020
10:00am – 12:00 pm

MINUTES

MEMBERS/ALTERNATES
Members: Michael Auerbach, Kathleen Bates, Sai Cherala, Jay Couture, Lisa DiMartino, Tamme Dustin,
Amy Girouard, Ellen Keith, Dawn McKinney, Paula Minnehan, Sarah Morrison, Ken Norton, Ronnieann Rakoski, Nancy Rollins, Karen Rosenberg, Jonathan Routhier, Holly Stevens, Kristine Stoddard, Carolyn Virtue, Nichole VonDette, Michelle Winchester, Heather Young
DHHS: Henry Lipman, Alyssa Cohen, Sarah Finne, Joe Ribsam, Deb Scheetz, Jennifer Doig, Sandy Hunt, Jill Fournier, Rachel Lakin, Leslie Melby
Guests: Debbie Chotkevys, Alex Koutroubas, Peter Marshall, Lisa Beaudoin, Deb Ritsey, Geraldine Couture, Isiah Anderson, Jasmine Harris, Gus Morales, Neiko Lavery

REVIEW/APPROVAL – MINUTES – March 9, 2020
M/S/A

COVID-19, Henry Lipman, Medicaid Director
The first wave of COVID-related Medicaid activity was put in place with 1115 and 1135 waivers for surge preparedness to allow services to be provided in alternative locations. The 1115 waiver allows expedited discharge of Medicaid patients from hospitals to nursing facility. DHHS worked with the Governor's office and OPLC to expand telemedicine to the Medicaid to Schools program, and is working to amend MCO contracts to reallocate funds from reduced utilization of ambulatory services to fund community services. When reallocating funds from the MCOs to other areas, the managed care rules allow a 1.5% adjustment to use as directed payments under COVID authority. A contract amendment will be considered by G&C May 6.

DHHS must ensure "maintenance of effort" as part of enhanced federal match i.e., no reduction of recipients after March 18. Therefore, DHHS is working to reinstate approximately 600 people. H Lipman requested MCAC members inform him of any individuals they know of to be reinstated.

With respect to retainer payments to Medicaid providers, Appendix K allows retainer payments for personal care and rehab for 30 consecutive days. The 1115 waiver allows payment to family members for personal care. GSIL will screen and qualify those individuals. Other efforts include expediting discharges from hospitals to either nursing facilities or community settings with home health supports.

The Department is working to get PPE to direct service providers. Members should contact Sandy Hunt with questions on how area agencies are managing with PPE.

NH EQRO Technical Report, Debbie Chotkevys, Health Services Advisory Group (HSAG)
SFY 2019 External Quality Review (EQR) activities were presented.

Health Plan Evaluations. HSAG conducted contract compliance review including pre-on-site document review and on-site review to assess compliance with federal and state requirements, and the MCO contract, from which a report of findings is generated. Fifteen standards (105 elements) were reviewed.

HSAG validates performance improvement projects (PIPs) on design, implementation, and outcomes. The overall evaluation elements scored were high. PIP recommendations: MCOs should (1) evaluate achievements, challenges, and lessons learned for each PIP; (2) determine barriers that prevent improvement; and (3) use different quality improvement tools to gain a fresh perspective on factors impacting outcomes.

NHHF and Well Sense each scored as "acceptable" on all performance measures. The HSAG auditor offered suggestions to improve workflow and processes

Five standards were evaluated for validation of professional, institutional, and pharmacy encounters. Both MCOs had were found to have accurate member information, accurate servicing provider information, and validity for pharmaceutical claims. HSAG recommends that both MCOs need to correct their remaining submissions.

Member Health and Experience of Care Evaluations. 2018 HEDIS survey data were reviewed. The majority of measures on prevention, acute and chronic care, and behavioral health met or exceeded the national Medicaid 50th percentile rate by both MCOs. Recommendations: both MCOs to focus improvement efforts on the two measures found to be below the national Medicaid 25th percentile. CAHPS recommendations: both MCOs to focus efforts to improve rates that are neither statistically significantly higher nor lower than the national Medicaid averages

Overall strengths on quality of care, timeliness of care, and access to care:
NHHF:

- Overall score of 95.7%, demonstrating complete contract compliance in 8 of 12 standards.
- 1 PIP related to quality of care, achieved statistically significant improvement.
- All performance measure validation (PMV) rates were reportable without bias.
- Accurate and timely encounter data validation (EDV) data.
- CAHPS: 7 positive adult measure rates and 4 positive child measure rates were statistically significantly higher than 2018 national averages
- HEDIS: 11 measures met or exceeded the national Medicaid 90th percentile

Well Sense:

- Overall score of 96.2%, demonstrating complete contract compliance in 8 of 12 standards
- 1 PIP, related to quality of care and access to care, achieved statistically significant improvement
- All PMV rates were reportable without bias
- Accurate and timely EDV data
- CAHPS: 1 positive adult measure rate and 3 positive child measure rates were statistically significantly higher than 2018 national averages.
- HEDIS: 6 measures met or exceeded the national Medicaid 90th percentile

Opportunities for improvement are recommended for each EQR activity and standard.

Specialty Provider Survey. Goals of the study are to determine whether providers accept patients enrolled with a Medicaid MCO, whether providers accept new patients, appointment availability, and to compare MCM program results to a commercial insurance plan
Recommendations:

- DHHS should furnish survey data to MCOs to address the deficiency of sampled cases not accepting the specialty noted in the data files.
- Both MCOs should maintain network capacity to ensure they meet timeliness standards for appointments.
- DHHS consider conducting a provider directory audit to verify accuracy of provider data.
- DHHS could review current appointment timeliness standards to consider establishing separate standards for visits with primary care providers versus specialty providers.

The 2019 New Hampshire External Quality Review Technical Report, April 2020 is available online.

DCYF and APS Update – At-Risk Individuals, Joe Ribsam, DCYF; Deb Scheetz, DLTSS; Rachel Lakin, APS
Joe Ribsam provided DCYF trending intake data showing that reports are down significantly.
See Slide 2 of the *Child Protection Central Intake Data* available at https://www.dhhs.nh.gov/dcyf/documents/dcyf-covid19-tracking-04072020.pdf. Use this link to continue to track.

When schools closed, new calls to Intake dropped significantly - by half from above 600 to 300 as of March 29th. Child protection referrals by schools, as compared to other reporter types dropped the most. Tracking referrals by reporter helps in monitoring the impact of COVID-19 on DCYF's reporting network and helps to identify groups to activate to look out for kids and support families. Once the Governor ordered schools closed, opened screened in referrals and juvenile justice cases dropped significantly.

Deb Scheetz referred to the BEAS Well-Being APS letter sent to service providers, neighbors and community partners, and the tip sheet, *Supporting the Wellbeing of Vulnerable Adults during the COVID-19 Emergency*. Up until the end of the week of March 6, data was holding steady. Mar 9-13 – calls down 3%; Mar 16-20 – 13%; Mar 23-27 – 42%; Mar 30-Apr 3 – 33%; Apr 6-10 – 17%; and 17% year to year.

BEAS' concerned that observations in homes are not available. BEAS is looking at more granular data e.g., types of calls, in order to pinpoint strategies. MCAC partners are asked to help the Department by keeping an eye out in the field. The tip sheet is designed to leverage DHHS partners – providers and the general public who interact with at-risk adults in their homes via telehealth, zoom, and FaceTime. They should ask additional questions when calling by to find out how they are managing under the current circumstances and whether they are getting what they need. For those living alone, find out who is helping them, who checks on them regularly, are they getting their medications on time. For those living with others, make sure they feel safe and not being left alone for too long. Depending on their responses, callers may identify additional concerns. The tip sheet includes a list of resources that can be accessed during the COVID-19 emergency.

A suggestion was made to send the tip sheet to city and town welfare offices, law enforcement, churches, and public health officers.

Draft In-Home Supports Waiver, Sandy Hunt, Bureau of Developmental Services
The public comment period is March 16 – April 15. A suggestion was made to extend the comment period. S Hunt noted the public notice requirement was met with the Notice published in the newspaper and website, and sent to stakeholders. All comments will be submitted to CMS. The goal is to have the CMS approved waiver in place by Jan 1, 2021.

Enhanced Personal Care is renamed *In Home Residential Habilitation*, a broader definition adding personal care, protective oversight, supervision, and all activities related to personal growth and development. *Family Support/Service Coordination* is renamed *Service Coordination* to bring it into alignment with other HCBS 1915(c) waivers. Newly covered services are *In Home Residential Habilitation, Assistive Technology, Personal Emergency Response Services*, *Goods and Services, Wellness Coaching* focused on exercise and wellness, *Non-Medical Transportation* related to the child's disability, and *Recreation*. Service limits are adjusted.

The waiver participant cap raised to $35,000. Participant directed and managed services remains the sole service delivery method. The waiver includes compliance and implementation of the corrective

action plan regarding conflict of interest, direct bill, and provider selection. Waiver participants will have a Health Risk Screening Tool. BDS will coordinate a LTSS participant directed and managed services committee. Progress notes will be written at least monthly. Direct support staff and family managed employees will complete registry checks. Performance measures have been updated.

Listening sessions revealed that families want less paperwork, more qualified staff, and more choices over services and providers.

The cost neutrality factor is reported to CMS. The formula used is the annual average per capita Medicaid cost of the waiver plus average per capita cost for all other services provided plus estimated average per capita cost for institutional care and all other services that would be incurred were the waiver not granted must be less than the cost of institutional care. The financial estimate methodology includes provider reimbursement increases included in House Bill 4.

Public comments are critical to the final draft to develop a waiver that meets people's needs and is flexible. The public comment period ends 4/15/2020.

MCAC Comments: (1) re: coordination of IHS transition to adult waiver. S Hunt: the goal of the IHS wavier is to keep kids at home with their families. Area agencies need to coordinate to ensure services remain consistent; (2) Financial cap.

Next Meeting: May 11, 2020

Motion to adjourn: M/S/A